

The Role of Context-Responsive Leadership in the Culture Re-Engineering of Tertiary Health Institutions in Bayelsa State

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Culture is significant to the effectiveness of the institution. The challenge of the 21st-century leader borders on aligning institutional cultures, in terms of belief systems and norms, with the changing dynamics of the global environment. That way ensuring its survival, relevance and sustained well-being. Given the above concern, this paper empirically examines the role of context-responsive leadership in the re-engineering of the culture of tertiary health institutions in Bayelsa State. The specific objectives of the research are such that examine the extent to which dimensions of context-responsive leadership, namely - context awareness, adaptive leadership, and knowledge exercise; are reflected within tertiary health institutions in Bayelsa State, as well as the impact of such on the culture reengineering process of such institutions. The study adopted a correlational research design, anchored within a quantitative method, with data generated from 20 management staff of the four (4) registered and licensed tertiary health institutions in Bayelsa State. Findings showed significant correlations between the dimension's context-responsive leadership and culture reengineering in the target institutions. It was concluded that the promotion of leadership features comprising context awareness, adaptive leadership and knowledge exercise, enriches and furthers a more open and supportive stance toward addressing the change needs of the Nigerian healthcare system through the effective reengineering of tertiary institutions within the sector.

Background to the Study

The culture of the organization plays a crucial role in its change initiatives. The related assessment of existing norms, beliefs and artefacts, facilitates organizational reforms and the reconfiguration of existing systems and structures in ways that effectively integrate all units and functions of the organization (Cameron & Quinn, 2006). Culture re-engineering describes the realigning and transformation of cultural facets and attributes of the organization (Cameron & Quinn, 2006; Kpakol & Amah, 2014). It prescribes the normalization of practices, behaviours and actions that are suited to the effective embedding of the organization; thus, facilitating its survival and improved performance (Alvesson & Sveningsson, 2008). By its nature, the culture of the organization is pervasive, cutting across organizational units and levels; thus, demonstrating the significance of culture reengineering to the behaviour of the organization and its disposition to its constituents and stakeholders (Cameron & Quinn, 2006).

The imperatives of culture-reengineering are such that anchors on the need to not only adapt but also rejuvenate organizations; drive their value and enhance the quality of their services. This is because organizational culture can also be stagnant and constraining when it comes to creativity (Marcoulides & Heck, 2013). This concern about organizational culture, reportedly, characterizes the healthcare sector of most countries, especially those categorized as the global south; notable amongst which is Nigeria. Ejughemre (2014) identified cultural lapses in most public and health institutions in Nigeria; noting that existing cultural attributes and features fail to spur on, or effectively harness the expertise, competencies and innovations within most of these institutions. Yunusa et al (2014) on the other hand argued that the culture of these institutions is such that have over the years contributed to the deterioration of the healthcare system, which as Abdullahi (2019) pointed out was rife with corruption, unethical vices and distrust.

Culture reengineering, according to Alvesson and Sveningsson (2008), builds on identifying and addressing the organization-environment relationship, through the transformation of values and beliefs, ensuring consonance between the organization and its environment. Related research (Badia et al, 2021; Archibong et al, 2020; Riman & Akpan, 2015), shows that the concept of culture-reengineering is not new, and for decades, it has been the centre of most studies bordering on the public and health institutions in Nigeria. In investigating the significance of culture in the quality of service reflected in Nigerian hospitals, Ejughemre (2014) stressed the need for reforms, targeted at addressing the core values of the healthcare system. This aligned with Kpakol and Amah's (2014) research on the imperatives of culture-reengineering for change receptivity in Nigeria. Kavanagh and Ashkanasy (2006) advocated the need for the management of organizations to revisit and re-evaluate existing cultural values and norms in the workplace. Their research, in addressing management and leadership roles, draws attention to the criticality of leaders in the effectiveness of culture reengineering.

Kavanagh and Ashkanasy (2006) posited that leaders chart the pace and course for the progress and direction of the organization. Their role also involves stimulating the

workforce and ensuring functions are harmonized effectively and efficiently. However, in addressing concerns of change and reengineering when it comes to organizational culture, one aspect of leadership scarcely addressed is the extent of its responsiveness to the context of the organization. Bredeson et al (2011) described context-responsive leaders as such that are open to learning, contextually aware and conscious or deliberate in their approach toward integrating the various elements or units of the organization. In addressing context-responsive leaders as possible antecedents of culture reengineering, this paper deviates from previous research based on its adoption of context-responsive leaders as the lens through which it addresses the challenges associated with culture reengineering and the context of its focus - tertiary health institutions in Bayelsa State. The aim of the paper was therefore to investigate the relationship between context-responsive leaders and culture reengineering of tertiary health institutions in Bayelsa State. The related objectives of the research are to:

- i. Discuss the concepts of context-responsive leaders and culture reengineering.
- ii. Investigate the relationship between leader contextual awareness and culture reengineering of tertiary health institutions in Bayelsa State
- iii. Ascertain the relationship between adaptive leadership and the culture reengineering of tertiary health institutions in Bayelsa State
- iv. Determine the relationship between knowledge exercise and the culture reengineering of tertiary health institutions in Bayelsa State

Conceptual Literature

The Organizational Learning Theory

Agris and Schon in 1978 (cited in Kotnour, 2000) propounded the organizational learning theory in the early 70s; emphasizing the imperatives of the organization's interaction with its environment or context, as well as the acquisition and application of knowledge. Recent research (Jain & Moreno, 2015) continues to reinforce the position of organizational learning in enabling functional frameworks and systems that are suited to the emerging needs of the environment - thus, serving as pointers to actions that could enrich the organization's value and relevance within its context. Learning as put forward by Agris and Schon (cited in Kotnour, 2000) focused on processes of knowledge acquisition as well as application, facets which as posited by Khanna (2014) demonstrate the organization's understanding of the environment and its will to address functional gaps in order to be successful. These as Jain and Moreno (2015) argued, border on the extent to which relationships and interactions with the environment are maintained and fostered through partnerships and network involvement.

Context-Responsive Leadership

Extant research (Zaccaro et al, 2018; Khanna, 2014; Bredeson et al, 2011) refers to context as describing a range of factors, conditions, frameworks, and locations; all of which encapsulate distinct events, relationships and experiences for social actors. By this, context can be stated as reflecting the unique framework of factors which manifest in the experience of individuals and groups, impacting on their realities and behaviour. Such an impact could be negative or positive and where individuals or groups fail in adjusting or

adapting to the changes in their context, they invariably suffer in the same regard (Bredeson et al, 2011). From an organizational perspective, the management and leadership of organizations are considered responsible for the outcome of the interface between their organizations and their context. Context-responsive leadership in this sense refers to the various actions, instituted and expressed in organizational leadership, aimed at effectively adapting related components or the entirety of the organization to the emerging or dynamic realities of its context or environment (Bredeson et al, 2008).

The conceptualization of context-responsive leadership draws on the practices and behaviour of leadership that first, demonstrates their awareness or understanding of the change or evolving nature of their environment; second, it demonstrates the extent of their capacity, competency and resources to effectively adjust to their environment - in other words, their adaptability in reconfiguring their systems to mirror and address the gaps or opportunities in their environment (Bredeson et al, 2011). Third, their will or expressed intent in addressing context or environmental changes through the development and implementation of policies, strategies and frameworks that effectively match the concerns of the organization and its objectives in its environment. Thus, the three dimensions of context-responsive leadership adopted in this study comprise context awareness, adaptive leadership and knowledge exercise (Bredeson et al, 2011).

Context awareness, the first dimension of context-responsive leadership in this research, describes the extent to which leadership is in touch with the realities that shape the environment of the institution and impose on its operations (Bredeson et al, 2011; Leslie, 2015). It bothers with the institution's knowledge of the gaps and opportunities that are reflected in its environment. This differs from adaptive leadership which according to Lord et al (2011) is the extent to which leadership is able and equipped to make the necessary adjustments to the change or evolving nature of its environment. This also includes the required infrastructure and resources for such change (Lord et al, 2011). The third dimension is knowledge exercise, and it involves the will and determination of leadership to put into practice or implement and follow-up those policies which are advanced based on learning outcomes (Bredeson et al, 2011).

Culture Reengineering

Organizational culture is closely associated with the identity of the organization (Janicijevic, 2012). This is because culture underpins the behaviour, choices and actions of the organization; and serves as the lens through which the organization can be understood. Its functions, operations and processes reflect practices normalized through rituals and traditions which anchor on values and beliefs about its environment and its people (Janicijevic, 2012). The observed dysfunction, poor work environment and strain which characterize tertiary health institutions in Nigeria, could be argued to flow from a disposition of leadership which relegates the wellbeing of these institutions to other concerns (Fathalla, 2015; Solanke & Rahman, 2018). Ejughemre (2014) opined that the problem of brain drains of medical practitioners, and the resulting dearth of qualified and competent doctors, dentists and other medical professionals is such that can be linked to a

depreciating value and regard for the healthcare sector, especially given the increasing resort to international healthcare services.

Most disturbing is the fact that despite notable agitations and strike actions by various medical associations, these conditions continue in a process of crystallizing into accepted (although distasteful) realities of the Nigerian healthcare sector (Yunusa et al, 2014). Desson and Clouthier (2010) identified culture as a fundamental concern in change-oriented actions and initiatives. This follows the observation that the organization's culture embodies its essence and is also the basis for its perceptions and interpretation of the environment; hence it shapes its internal and external relationships. From this position, it is possible to tie the consistency and failed attempts to rejuvenate the healthcare system of the country to its instituted culture and predisposition to change. This is because of a culture which places high value and regard on healthcare, and the prioritization of the physical, mental, and social well-being of the populace, would be driven to ensure and promote such within its institutions (Cameron & Quinn, 2006; Drzensky et al, 2012).

Culture reengineering describes the related actions concerned with value reorientation, and redefining of existing belief systems, through the restructuring of practices and processes that promote new perceptions and dispositions within the outside the organization (Cameron & Quinn, 2006). Culture reengineering thus involves policies targeted at reforming the underlying ideologies that drive the attitudes, preferences, priorities and decisions of the organization. However, unlike other forms of reengineering such as business process reengineering (BPR) which focuses on organizational designs and operational dynamics, culture reengineering focuses on a deeper and softer aspect of the organization - its values and beliefs, as well as the reenactment of such through improved or amended rituals and traditions (Amis & Aissaoui, 2013; Tseng, 2010). Related transformations and reconfigurations in these areas are also expected to drive its designs, relationships and interaction with its environment; most especially, facilitating a more responsive and effective Nigerian healthcare system (Alvesson & Sveningsson, 2008).

Context-Responsive Leadership and Culture Reengineering

Studies (Jain & Moreno, 2015; Tetenbaum & Laurence, 2011) indicate that through learning and partnerships, organizations can generate knowledge of the trends, changes and gaps in their environment. However, in applying the theory of organizational learning, one finds that learning is a continuous process that not only focuses on the creation of awareness or understanding about the changes or trends in the organization's environment but also identifies with the development of capacities and competencies that serve the organizations goals of adaptation. This follows Agris and Schon's (cited in Koutnour, 2000) emphasis on the organization's interaction with its environment. Such involves collaborative actions within networks, partnerships with stakeholders and vendors, and other key parties. Organizational learning thus reinforces the organization's position within its context, strengthening its connectedness and embeddedness and that

way, facilitating its access to resources which could be considered imperative for its culture reengineering objectives as well. However, this theory is yet to be tested within the context of tertiary health institutions in Bayelsa State; hence the following hypotheses are put forward:

Ho1: There is no significant relationship between context awareness and culture reengineering of tertiary institutions in Bayelsa State

Ho2: There is no significant relationship between adaptive leadership and culture reengineering of tertiary institutions in Bayelsa State

Ho3: There is no significant relationship between knowledge exercise and culture reengineering of tertiary institutions in Bayelsa State

Methodology

This research adopted a correlational research design. This bordered on the nature of the investigation, which addressed the association between two distinct variables; with one (context-responsive leadership) considered as the explanatory variable, and the other (culture reengineering) identified as the criterion (Bryman & Bell, 2011). Units of measurement for the research comprised five administrative and management staff from a population of four tertiary health institutions registered and licensed, as sourced from the directory of the Federal Ministry of Health, Nigeria. The data source was primary and the instrument for collection was the structured questionnaire. The structured questionnaire is considered suitable given the design of the study (correlation) and the adopted methodology (quantitative) in the investigation of the relationship between the variables (Saunders et al, 2012).

Instrumentation was based on existing research which offered operational definitions on the constructs of the study. Five (5) items were utilized in the operationalization of each dimension (context awareness, adaptive leadership and knowledge exercise) of context-responsive leadership, all of which were sourced from previous research (Bredeson et al, 2011; 2008), culture reengineering was treated as a single variable and operationalized using five (5) items sourced from related research (Kpakol & Amah, 2014; Kavanagh M. H, & Ashkanasy, 2006). A five (5) point Likert scale type was adopted in the measurement of the constructs, coded accordingly: Strongly disagree (SD = 1), Disagree (D = 2), undecided (U = 3) agree (A = 4) and strongly agree (SA = 5). Validity was tested using content validity, while instrument reliability was based on the intra-rater Cronbach alpha reliability test tool (Bryman & Bell, 2011). Presented in table 1 is the distribution of the alpha coefficients for the instruments for each construct.

Table 1: Cronbach alpha coefficient

Constructs	No. of Properties	Cronbach Alpha Coefficient
Context Awareness	5	0.917
Adaptive Leadership	5	0.924
Knowledge exercise	5	0.909
Culture reengineering	5	0.929

Source: SPSS Research Data, 2023

Data Result

The results and findings are presented and interpreted in this section of the paper. A total of 20 questionnaire copies were distributed and successfully retrieved from the target participants and tertiary health institutions. Retrieved questionnaire copies were coded as cases into the Statistical Package for the Social Sciences (SPSS) version 26. The analysis is carried out in two main stages - the primary (addressing the univariate distributions for the variables) and the secondary (the test for the hypotheses of the study).

Primary Data Analysis

The univariate analysis centred on the distribution of the variables. Descriptive tools such as the mean and standard deviation were adopted in the assessment of the distribution for the variables.

Table 2: Univariate distribution for dimensions of context-responsive leadership

	N	Mean	Std. Deviation	Skewness		Kurtosis	
				Statistic	Std. Error	Statistic	Std. Error
Context Awareness	20	3.1300	1.25199	-.160	.512	-2.056	.992
Adaptive Leadership	20	3.1400	1.27006	-.229	.512	-2.129	.992
Knowledge Exercise	20	3.1700	1.23676	-.233	.512	-2.116	.992
Valid N (listwise)	20						

Source: SPSS Research Data, 2023

The result of the distribution for the dimensions of context-responsive leadership shows participants, on average affirm related practices and behaviour that express the variables. From the analysis, results indicate that context awareness ($\bar{x} = 3.0418$), adaptive leadership ($\bar{x} = 3.0532$) and knowledge exercise ($\bar{x} = 3.0610$) could all be considered as characterizing the tertiary health institutions, however at a moderate level. This follows the adopted measurement scale format (4-point Likert Scale), suggesting that most of the participants agree to the manifestations of these variables within the context of interest.

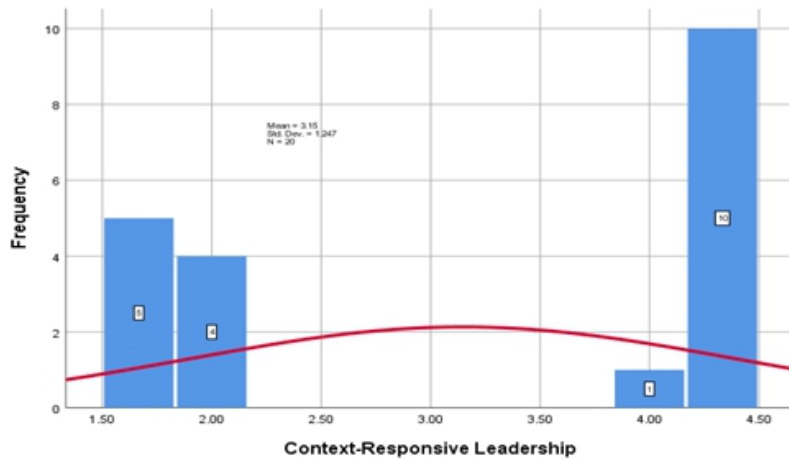


Figure 1: Histogram distribution for context-responsive leadership

The summary distribution for context-responsive leadership is illustrated in the figure 1. The result points to the substantiality of the variable which given its mean ($\bar{x} = 3.15$) and frequency distribution, suggests that participants agree to related actions and activities that reflect context-responsive leadership in the tertiary health institutions.

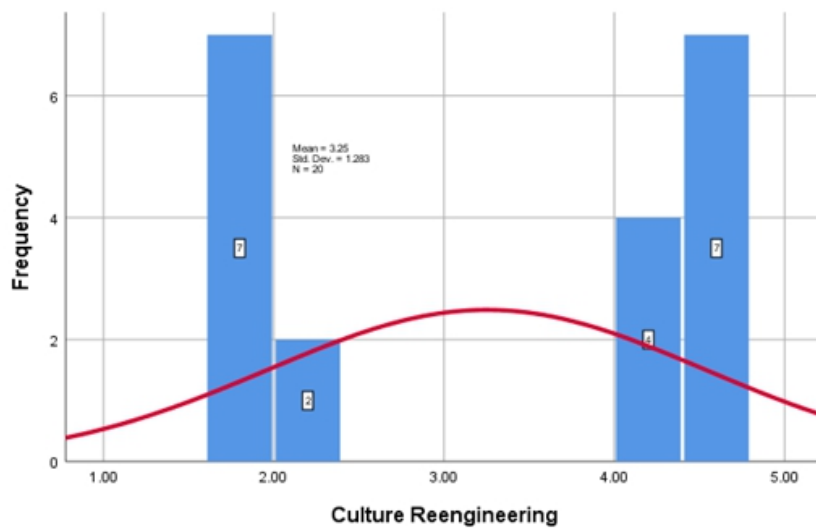


Figure 2: Histogram distribution for culture reengineering

The result for the distribution of culture reengineering as illustrated in Figure 2, demonstrates a moderate disposition of the tertiary health institutions about the reengineering of their culture. From the analysis, it is evident that the target institutions express behaviour that suggests efforts channelled toward adjusting and remodelling cultural values and beliefs in line with the changes or emerging realities of the institution's environment.

Secondary Data Analysis

The test for the hypothetical statements of the study is addressed in this sub-section of the study. The Spearman's rank order correlation tool was adopted in the test for the hypotheses; leveraging on the flexibility of the tool in the assessment of correlation between variables scaled on either the ordinal or interval scale. Presented in Table 3 is the correlation test result for the variables.

Table 3: Hypotheses test result

			Context Awareness	Adaptive Leadership	Knowledge Exercise	Culture Reengineering
Spearman's rho	Context Awareness	Correlation Coefficient	1.000	.728**	.857**	.818**
		Sig. (2-tailed)	.	.000	.000	.000
		N	20	20	20	20
	Adaptive Leadership	Correlation Coefficient	.728**	1.000	.808**	.887**
		Sig. (2-tailed)	.000	.	.000	.000
		N	20	20	20	20
	Knowledge Exercise	Correlation Coefficient	.857**	.808**	1.000	.854**
		Sig. (2-tailed)	.000	.000	.	.000
		N	20	20	20	20
	Culture Reengineering	Correlation Coefficient	.818**	.887**	.854**	1.000
		Sig. (2-tailed)	.000	.000	.000	.
		N	20	20	20	20

** . Correlation is significant at the 0.01 level (2-tailed).

The result of the analysis shows that all three dimensions of context-responsive leadership significantly correlate with outcomes of culture reengineering. Evidence identifies the relationship between adaptive leadership and culture reengineering (rho = 0.887 and P = 0.000) to be the most significant. This is followed by the correlation between knowledge exercise and culture reengineering (rho = 0.854 and P = 0.000), and then the relationship between context awareness and culture reengineering (rho = 0.818 and P = 0.000). The result demonstrates the significance of context-responsive leadership in predicting and contributing toward effective outcomes of culture reengineering in tertiary health institutions in Bayelsa State. Thus, all related null hypotheses of no significant relationship are rejected.

Discussion of the Findings

The findings of this research identify related actions and practices of context-responsive leadership as moderately characterize the tertiary health institutions in Bayelsa State. Its role in the outcome of culture reengineering is observed to be high, given the observed contributions of context awareness (rho = 0.818), adaptive leadership (rho = 0.887) and knowledge exercise (rho = 0.854) to the reconfiguring and transformation of the culture of the organization. The findings of the research corroborate the observations of previous studies (Bredeson et al, 2011; Khanna, 2014; Janicijevic, 2012); reinforcing the position that context-responsiveness at the leadership or organizational level, facilitates an increase in change receptivity, especially through the repositioning of the culture for such.

The findings of this research corroborate the observations of Yuliastuti and Tandio (2020) on the significance of leadership and its related styles or approaches organizational culture change. According to Yuliastuti and Tandio (2020), the effectiveness of such changes is often a consequence of the capacity of the leader to motivate and clearly sell the demonstrate the imperatives of such change to significant members of the organization. This view is reiterated by Adriana and Liviu (2019) who identified the central role of the organization's leadership in harnessing the potentials and creative essence of its culture, and channelling such in a most effective and productive way.

The evidence generated in this research furthers the imperative for institutions to be more open to learning about their environment and that way enriching their context awareness. This reiterates the position of the organizational learning theory (Jain & Moreno, 2014), emphasizing possible gaps and advantages associated with the understanding of the environment - particularly threats and opportunities in the environment. The relationship between context-responsiveness leadership and culture reengineering within tertiary health institutions in Nigeria demonstrates the viability of change-oriented actions and practices that are focused on redefining the values, norms and underlying belief systems of the organization; thus, affirming the significance of context-responsive leadership in rejuvenating tertiary health institutions in Bayelsa State.

Conclusion

The conclusions of this paper are such that draws on its evidence and empirical-based position on the relationship between context-responsive leadership and culture reengineering of tertiary institutions in Bayelsa State. Drawing on the positive relationship between the variables, it is the conclusion of this paper that the promotion and encouragement of context-responsive leadership facets such as context awareness, adaptive leadership and knowledge exercise, enriches the knowledge base and general disposition of the institution toward change; furthering a more open and supportive stance toward addressing the change needs of the Nigerian healthcare system through the effective reengineering of tertiary institutions within the sector. It is on this basis suggested that further research extend to other health institutions, especially those within the private sector. It is also important that in addressing the relationship between the variables - context-responsive leadership and culture reengineering, further studies address the conditioning effect of possible mediating such as technology, management philosophy and human resource policies.

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